

chemically, with neuroglia—and, what is practically the same, with glioma. In this gray tissue, which especially surrounds the central canal, the process of cell-proliferation—which has been called gliomatosis—occurs. It probably occurs especially in cases in which there has been some congenital defect in the closing in of the primitive groove forming the cord. The cell-growth may in some cases result in veritable tumors, while more commonly the new tissue softens at the centre, various sized and shaped cavities resulting. These cavities may or may not be connected with the central canal—if they are, they show some remains of epithelial tissue. It is thus seen that the important pathological fact is the embryonal origin of the disorder in a proliferation of gliomatous tissue, which has been, as it were, “left over”—and that the connection or not with the central canal is of secondary importance. It is not denied that cavities may be formed in the cord in other ways, as, for instance, by a limited hæmorrhage, or possibly by a circumscribed myelitis, but these lesions are not to be confounded with syringomyelia, the result of gliomatous changes. We have given here the opinion, not exactly as expressed, of Dr. Bruhl, and as held especially by those who accept Leyden's view of the congenital origin of syringomyelia—with which view our author is apparently in accord, as he speaks of syringomyelia as a disease of evolution. The absence of predisposing causes, the commencement in early life, and the slow progress of the disease, favor this view. It is almost needless to say that the prognosis of the disease is not good, and that treatment is not of much avail.

Dr. Bruhl's book is enriched by the reports in detail of thirty-six cases, some of them published now for the first time, and some of them the results of his own personal observations. A very copious bibliography is also attached. The work is altogether a notable contribution to the study of the subject of which it treats.

J. H. L.

HYSTÉROPEXIE ABDOMINALE ANTÉRIEURE ET OPÉRATIONS SUS-PUBIENNES
DANS LES RÉTRO-DÉVIATIONS DE L'UTÉRUS. Par MARCEL BAUDOUIN,
Avec Vingt-deux Figures dans le Texte. Paris : Aux Bureaux du Progrès
Médical.

ANTERIOR ABDOMINAL HYSTEROPEXY AND SUPRA-PUBIC OPERATIONS
FOR RETRO-DEVIATIONS OF THE UTERUS. By MARCEL BAUDOUIN.
Pp. x., 414.

To many persons with whom even the name of the operation described in this work is a stranger, it would indicate remarkable fertility of resources that one should be able to write a book of 414 pages upon this subject. The name, indeed, is ultra-modern, and the synonym, hysteror-rhaphy, by which the operation is best known to English and American readers, is equally modern. Indeed, the author, claiming French parentage for the operation (and what French writer does not claim such parentage for most surgical procedures that have been launched in recent years?) can give it no more respectable antiquity than 1869, when

it was performed by Köberlé. A synopsis of the book yields the following data:

Discussion as to the terminology of the operation, preference being accorded to the phrase *anterior abdominal hysteropexy*.

History of the operation with its modifications.

Description of the various types of hysteropexy, both intra-peritoneal and extra-peritoneal.

Contrast of the operation with those operations and means which have been proposed as substitutes, including the use of pessaries, and the various methods for fixing the uterus in proper position by operative procedures upon the broad, round, and utero-sacral ligaments, and by the attachment of the uterus to the bladder.

Value of the operation judged by the record of 233 published cases.

Comparative value of this operation with its substitutes, preference being given to this operation. Table of cases, bibliography, etc.

The conclusion has gradually been forcing itself upon the minds of gynecologists that retro-deviations of the uterus are very imperfectly and unsatisfactorily treated, in the main, by means of pessaries. They often make matters worse, occasionally relieve symptoms, seldom effect a radical cure. We do not mean that a cure is impossible by their use; we have seen cures.

A break in the direction of more effective treatment came with the Alexander operation, which is often difficult to perform, frequently is performed imperfectly, and sometimes fails to cure under the most skillful surgery. As the surgery of the abdominal cavity developed, especially the surgery of the tubes and ovaries, and the fear of peritonitis disappeared under antiseptic or cleanly manipulations, the opportunity was presented for the great variety of procedures which seemed to offer definite prospects of curing retro-deviations of the uterus, whether the organ were mobile or fixed by adhesions and exudates. It is not necessary to describe or even mention the great number of propositions varying only slightly from one another for securing the uterus to the anterior abdominal wall. They are none of them especially difficult of accomplishment, the principle in all is the securing of adhesive union between the peritoneum covering the anterior aspect of the uterus and the contiguous peritoneum of the anterior abdominal wall by sutures including more or less of the uterine tissue and more or less of the tissue of the anterior abdominal wall, abdominal section being presupposed, of course, and the sutures being removed as soon as firm adhesion was supposed to have occurred. There are many objections to this operation: first of all, it violates anatomy, fundamentally, by substituting one vicious position for another. This, we admit, is not universally an insuperable objection, for a number of examples will at once recur in which such a makeshift has been the best that art could do with the materials and conditions at hand. Another objection is, that in a great many cases the success of the operation will be transient. There is not a little testimony on the part of those who have done the operation repeatedly that the area of attachment gives way. The recent history of the radical operations for hernia would lead us to expect such a result. Moreover, what is the bond of attachment but plastic matter, which like plastic matter elsewhere degenerates, is absorbed, disappears? Then if there is no other support the organ will drop back to its old position. The supervention of pregnancy need not be a serious objection in so far as

position is concerned, for the enlarging organ, even if it broke from its mooring, might have sufficient firmness to prevent backward displacement. The irritation which might lead to miscarriage is an evil of a different character concerning which sufficient evidence has not been adduced to satisfy us that it is altogether theoretical. So of the possible displacement and irritation of the bladder, the proof is not yet sufficient that evils of this character would not occur.

Preferable to this operation, as it seems to us, assuming that it is decided to treat the uterine displacement through the medium of an abdominal section, are the operations upon the uterine ligaments. In this opinion we are at variance with the author. If the tubes and ovaries have been removed we can hardly see the necessity for any further operation, for when circum-uterine adhesions are ruptured, and the broad ligaments contracted by the formation of stumps for the adnexa, we have usually observed that such means were sufficient to bring the uterus into proper position; besides, atrophy of the organ will occur in a more or less brief period, and then the position of the uterus will, in most cases, be a matter of little importance. Of the intra-abdominal operations upon the round ligaments for the remedy of retro-deviation of the uterus, by far the most practicable and simple means seems to us to be that which was devised by Wylie. In simply drawing up and stitching a segment of each round ligament no false anatomical relations are introduced, a reasonable prospect of permanency of result is given, and the operation is very easy of accomplishment.

The author has not succeeded in convincing us of the extraordinary value of hysteropexy. It may continue to be done as many other imperfect and illogical operations continue to be done, but we are satisfied that the results will very often cause disappointment, and thus may possibly stimulate to the discovery of more perfect measures.

A. F. C.

A TREATISE ON GOUT. By SIR DYCE DUCKWORTH, M.D. Edin.; M.D. (Hon. Causâ) Royal University, Ireland; Physician to, and Lecturer on Clinical Medicine in St. Bartholomew's Hospital, etc., etc. With Frontispiece and Illustrations. 8vo., pp. 476. London: Charles Griffin & Co., 1889.

It is a noteworthy fact that by far the greater number of the contributions to the literature of gout have been written by British authors, and that, of these, a majority emanate from London. The explanation of this fact is not far to seek. There can be little doubt that London affords the largest and densest field for the observation of gout and gouty ailments, and the London hospitals fuller opportunities for the study of the morbid anatomy of gout than can be had elsewhere. These conditions enlarge experience and stimulate investigation. The result is that the medical profession of the world turns to London for light upon this subject, and does not turn in vain. But the light is by no means a flood. It glimmers at many points, and here and there is bright enough to steer by. But more is needed. The saying of James Begbie, that the history and nature of gout have yet to be written, still holds good. Facts accumulate, theory crowds upon theory, but the